PTO/SB/52 (03-02)
Approved for use through 01/31/2004. OMB 0651-0033
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION DECLARATION BY	Y THE ASSI	GNEE Docket Number (optional)		
I hereby declare that:				
The residence, mailing address and citizenship of the in	ventors are sta	ated below.		
am authorized to act on behalf of the following assignee: BASF Aktiengesellscha				
and the title of my position with said assignee is:	or			
The entire title to the patent identified below is vested in	said assignee			
Inventor Klaus-Juergen Pees		Citizenship Germany		
Residence/Mailing Address Mainz, Germany				
Inventor Guenter Krummel		Citizenship Germany		
Residence/Mailing Address Vendersheim, Germany	orod aboots atta	chool house		
Additional Inventors are named on separately numbered sheets attached hereto. Date of Patent Issued				
6,255,309	Date of Fatelit 199acd			
Title of Invention FUNGICIDAL TRIFLUOROMETHYLALKYLAMINO	TRIAZOLOPY	RIMIDINES		
I believe said inventor(s) to be the original and first invendescribed and claimed in said patent, for which a reissu FUNGICIDAL TRIFLUOROMETHYLALKYLAMINO	entor(s) of the s ue patent is sou TRIAZOLOPY	subject matter which is ught on the invention entitled: TRIMIDINES		
the specification of which X is attached hereto.				
was filed on as reissue app	lication numbe	r/		
(If applicable) I have reviewed and understand the contents of the abo	ua idantifiad as	andification including the status		
amended by any amendment referred to above.	ve identilied sp	decilication, including the claims	, as	
I acknowledge the duty to disclose information which is	material to pat	entability as defined in 37 CFR	1.56.	
I verily believe the original patent to be wholly or partly in below. (Check all boxes that apply.)	noperative or in	nvalid, for the reasons described	ı	
by reason of a defective specification or drawing.				
by reason of the patentee claiming more or less than he had the right to claim in the patent.				
by reason of other errors.				

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/52 (03-03 Approved for use through 01/31/2004. OMB 0651-003 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERC Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control numb					
	REISSUE APPLICATION DECLARATION BY THE ASSIGNEE Docket Number (Options				
At least one error u	pon which reissue is based is described as fo	ollows:			
and PCT/US application	of application Serial No. 08/84 S 98/05615, filed March 23, 199 on which issued as US 6,255,309 entional error.	8, was n	ot claim	ed in	the
	[Attach additional sheets, if nee	eded 1			
All errors corrected applicant.	in this reissue application arose without any	•	ntention on t	he par	t of the
	e following attorney(s) and/or agent(s) to pro-			nd tra	nsact
Name(s)	United States Patent and Trademark Office of Registration	connected th ion Number	erewitn.		
Herbert B					·
Jason D.					·
	ther attorneys/agents associate			Numbe	er 26474.
Correspondence A	ddress: Direct all communications about the	application t	to:		
Customer Nur		Place Customer Number Bar Code Label Here			
OR	Type Custoner Number Here	•	Laber	Here ———	
Firm or Individual Name	Keil & Weinkauf	•.			
Address	1350 Connecticut Avenue, N	TW			
Address	Suite 1100				
City	Washington	State	DC	Zip	20036
Country	USA				
Telephone	(202) 659-0100	Fax	(202) 6	59-0	105
statements made of were made with the fine and imprisoning jeopardize the vali- declaration is direct	on signing (given name, family name) Dr. Reinhold Köster Dr. Vera Sta	rue; and furt d the like so t such willful reon, or any	ther that the made are pi false stater patent to w	se stat unishal nents r hich th	ble by may is
Addices of Assigni	67056 Ludwigshafen Germany				

<u>Henry Van Tuyl Cotter</u>	U.S.A
Full name of third inventor	Country of Citizenship
Trenton, NJ	
Residence/Mailing Address	
Guido Albert	Germany
Full name of fourth inventor	Country of Citizenship
Hackenheim, Germany	
Residence/Mailing Address	
Annerose Rehnig	Germany
Full name of fifth inventor	Country of Citizenship
Ingelheim, Germany	
Residence/Mailing Address	
Leslie May	_Great Britain
Full name of sixth inventor	Country of Citizenship
Wokingham, Great Britain	
Residence/Mailing Address	
Waldemar Pfrengle	Germany
Full name of seventh inventor	Country of Citizenship
Seibersbach, Germany	
Residence/Mailing Address	